## 2013 MICHIGAN Homestead Property Tax Credit Claim MI-1040CR

	numbers like this: 0/2345				7147	<u></u>							Attachment 0	
1. Filer's First Name M.I. Last Nam			st Name	Name				2. Filer's Social Security No. (Example: 123-45-6789)						
f a Jo	pint Return, Spouse's First Name	M.I. Last Name												
lame	e Address (Number, Street, P.O. Box)	If voing (	7.00	Day you must o					3. Sp	3. Spouse's Social Security No. (Example: 123-45-6789)				
101116	Address (Number, Sireel, P.O. DOX)	It using a	a P.O.	. Box, you must c	ompiete iirie	45 UH	paye	3.						
ity o	or Town				State	ZIP	Code	•	4. Sc	hool District Co	ode (5 digi	ts - see p. 6	0)	
	heck the box for which you or	•				ende			-					
a.	Age 65 or older; or an ui who was 65 or older at t				person		b. L			, hemiplegic permanently			driplegic, or	
6. <b>2</b> 0				SIDENCY ST	ATUS:					oox "c," enter da			ency in 2013.	
_	Check one.			II that apply.					ites as M	IM-DD-YYYY (E				
а	Single	a ۱	Resid	dent					FIL	ER		SPOI	JSE	
э. [	Married, Filing jointly	b. 🔲 I	Nonr	resident		FF	ROM:			2013	3		2013	
). <u> </u>	Married, Filing separately	c I	Part-	-Year Resident	*		TO:			2013	3		2013	
3. H	omestead Status													
	Check here if the taxable value	ue of yo	ur hc	mestead includ	des unoccu	pied	farml	and class	ified as	agricultural b	y your a	ssessor.		
9.	Homeowners: Enter the 20													
	box 8 above and your taxa Farmers: enter your taxable										9.		00	
	,			g ,										
10.	Property Taxes levied on yo	our hom	ne fo	r 2013 (see p	. 24) or ar	nour	nt fro	m line 5	1, 56 a	nd/or 57	10.		00	
11.	Renters: Enter rent you pai	id for 20	013 ·	from line 53 a	and/or 55			11.			00			
	The state of the s										<del></del>			
12.	Multiply line 11 by 20% (0.2)	0)									12	-	00	
13.	<b>Total.</b> Add lines 10 and 12.										13.		00	
OTA	AL HOUSEHOLD RESOURC	ES. Inc	clud	le income fro	om both s	ะทดนะ	ses.	If marri	ed. fili	ng separate				
	orm 5049 at www.michigar				, 50 0	рош			ou,	g copulati	<b>y</b> ,			
14	Wages, salaries, tips, sick, s	strike				$\neg$	21	Social S	ecurity	, SSI, and/o	r			
	and SUB pay, etc		1	4	(	00				ent benefits			00	
15.	All interest and dividend inc									and foster				
	(including nontaxable intere	•		5.	(	00				ıts	22		00	
16.	Net business income (include farm income). If negative en			6.	را ا	00		Unemplo	-	t 	23.		00	
17.		itoi o		٠. <u> </u>		_		=		ses paid on	20			
	If negative enter "0"		1	7	(	00					24		00	
18.	Retirement pension, annuity IRA benefits		1	8	(	00		Other no		ole income	25.		00	
19.	Capital gains less capital los (see p. 28).		1	9.	(	00				ns' disability ension benefit	ts 26.		00	
20.	Alimony and other taxable in						27.	FIP and	other I	DHS benefit	S			
	Describe:		2	.0	(	00		(Do not ir	nclude f	ood assistand	ce) 27.		00	
20	SUBTOTAL. Add lines 14 th	arough	27							CHRICTA	L 28.		00	

2013 N	NI-1040CR, Page 2 of 3 Filer's Social Security No.		
29.	Enter subtotal from line 28, page 1	29.	00
	Other adjustments (see p. 29). Describe:		
32.	Add lines 30 and 31	32.	00
33.	TOTAL HOUSEHOLD RESOURCES. Subtract line 32 from line 29.	-	
	If more than \$50,000, STOP; you are not eligible for this credit.	33.	00
	Multiply line 33 by 3.5% (0.035) or by the percent in Table 2 (see p. 29). If negative, enter "0"	34.	00
35.	Subtract line 34 from line 13 and enter the amount here. If line 34 is more than line 13, enter "0" and STOP; you are not eligible for this credit. All others continue to Part 1	35.	oc
	ENIOR CLAIMANTS (if you checked box 5a)		
	Percentage from Table A (see p. 29) that applies to the amount on line 33	36.	
38.	Multiply line 36 by line 37. Enter amount here and on line 42 (maximum \$1,200)	38.	00
B. D	ISABLED CLAIMANTS (if you checked box 5b)		
39.	Enter amount from line 35 here and on line 42 (maximum \$1,200)	39.	00
C. A	LL OTHER CLAIMANTS		
40.	Enter amount from line 35.	40.	00
41.	Multiply amount on line 40 by 60% (0.60). Enter amount here and on line 42 (maximum \$1,200)	41.	00
PAR	T 2: PROPERTY TAX CREDIT CALCULATION All filers must complete this section.		
'			

Note: Seniors who pay rent, complete Worksheet 4 on page 30 of the MI-1040 book and enter amount from worksheet on line 44 (maximum \$1,200).

and if you file an MI-1040, carry this amount to MI-1040, line 25.....

42. Enter amount from line 38, 39 or 41, or from Worksheet 3 (see p. 30) for FIP/DHS recipients......

44. PROPERTY TAX CREDIT. Multiply amount on line 42 by percentage on line 43. Enter amount here

43. Percentage from Table B (see p. 30) that applies to the amount on

00

2013 MI-1040CR, Page 3 of 3		Filer	's Social Sec	urity No.						
PART 3: HOMEOWNERS WHO MO are claiming a credit. Homesteads with a t		13. Report	on lines 4	 5 and 46 the a			esteads for which yo			
45. Address where you lived on December 31, 2013, if different than reported on line 1.						Taxable Value				
46. Address of homestead sold (moved from) during 2		Taxable Value								
L					HOMESTEAD					
Homeowners who moved during 2013, c				A. Move	d Into	B. Moved From				
<ul><li>47. Number of days occupied (total cannot</li><li>48. Divide line 47 by 365 and enter perceion</li></ul>		•				%				
49. Property taxes levied for calendar year	-									
50. Prorated property taxes. Multiply line										
51. Taxes eligible for credit. Add line 50, open PART 4: RENTERS (Do not include A						51.	000			
52. <b>A</b>			В		С	D	E			
Address of Homestead You Rented (Number, Street, Apt. #, City, ZIP Code)		Landowner's (City, State	Name and Ace and ZIP Co		# Months Rented	Monthly Rent	Total Rent Paid Less Mobile Home Taxes			
53. Total rent you paid (not more than 12 m	nonths). Add to	tal rent for ea	ch period.	Enter here and	d on line 11	53.	00			
<ul> <li>54. If you lived in one of these types of fa</li> <li>a. Subsidized Housing: complete</li> <li>55. Enter the total rent you paid in 2013 wh amounts paid on your behalf by a gove</li> </ul>	line 55. Enter	result on line	e 11. b e Housing	o. Service Facility. Do no	e Fee Housir t include	ng: compl	ete lines 55 and 56.			
<ul><li>56. If you checked box 54b, multiply line</li><li>57. Special Housing: If you lived in one (see instructions).</li></ul>	of these types	s of facilities	for all or p	part of 2013, c	heck the ap		box			
a. Cooperative Housing	b. Home	e for the Age	d	c Nur	rsing Home					
d. Adult Foster Care Home		Room and B								
Enter your prorated share of taxes from 58. Name and Address (including city, state and zip	om the type of code) of Housir	facility chec	ked on line downer, or C	e 57 here and Care Facility if vo	on line 10. u completed F	57. Part 5	] [00			
DIRECT DEPOSIT  Deposit your refund directly to your financial institution! See page 11 and complete a, b and c.	sit Number	b.	Account Number	c. Type of Account  1. Checking 2. Savings						
<b>Deceased Taxpayer.</b> If Filer and/or Spouse diec ENTER DATE OF DEATH ONLY. Example: 04-15			dates below.				nder penalty of perjury that ich I have any knowledge.			
Filer — — Spo	ouse -	_		Preparer's PTIN	I, FEIN or SSN					
Taxpayer Certification. I declare under penalty and attachments is true and complete to the best of my		e information in	this return	Preparer's Busin	ness Name (pri	nt or type)				
Filer's Signature	- Time Medge.	Date		Preparer's Busin	ness Address (	orint or type	)			
Spouse's Signature	Date									
By checking this box, I authorize Treasury	to discuss my	return with my	preparer.							

If you are also filing Form MI-1040, attach this form behind it. If not, mail this form to: Michigan Department of Treasury, Lansing, MI 48956